Saia Communications, Inc. Employment Application

Saia Communications, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

	City	City		Zip Code	
Number	Social Security Number		Today's Date		
ne Number at w	hich we may cont	tact you			
of age or older?	Yes No _				
en convicted of	a crime? Yes	No	_		
plain					
erred to Saia C	ommunications, I	nc.? Please sel	ect the number	r of the most appro	priate
2	3	4	5	6	
Recruiter or Agency	Employee	Adver- tisement	No Referral; Walk-In	Other:	
eferences					
	of age or olders en convicted of eplain erred to Saia C 2 Recruiter or	ne Number at which we may come of age or older? Yes No_en convicted of a crime? Yes splain Perred to Saia Communications, I 2 3 Recruiter Employee or Agency	ne Number at which we may contact you of age or older? Yes No en convicted of a crime? Yes No eplain Perred to Saia Communications, Inc.? Please sel 2	ne Number at which we may contact you of age or older? Yes No en convicted of a crime? Yes No replain Perred to Saia Communications, Inc.? Please select the number 2	ne Number at which we may contact you of age or older? Yes No en convicted of a crime? Yes No Explain Ferred to Saia Communications, Inc.? Please select the number of the most appro 2 3 4 5 6 Recruiter Employee Adver- No Other: or tisement Referral; Agency Walk-In

Salary Desired:		per	(specify hour, week, or year)	
Schedule desired:	Full Time	Part Time	# of Hours Per Week	
Could you work over	time? Yes	_ No		
What Date could you	start work?		-	
Could you travel if re	equired by this p	position Yes % of	Time No	
Education				
High School School Name:				
City and State:				
Degree or # of Years	Completed:			
Major or Subject:				
Grade Point Average	:			
College School Name:				
City and State:				
Degree or # of Years	Completed:			
Major or Subject:				
Grade Point Average	:			
College School Name:				
City and State:				
Degree or # of Years	Completed:			
Major or Subject:				
Grade Point Average	:			

Graduate School School Name:
City and State:
Degree or # of Years Completed:
Major or Subject:
Grade Point Average:
List any certificates earned or in progress, and/or any additional training programs not included in your formal education.
List any Professional Affiliation to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, martial status, political belief, or disability):
Previous Employment
List your current or most recent employment first. Include work related internships, military, and volunteer work.
Current Employer:
City and State:
Telephone Number:
Supervisor's Name and Title:
Position Title:
Reason for Leaving:
Salary: per Hour Week Month Year (please select)

Dates of Employment:	From:	To:	
May We Contact Your Emp	loyer: Yes	No	
Previous Employer:			
City and State:			
Telephone Number:			
Supervisor's Name and Title	e:		
Position Title:			
		Month Year (circle one)	
	From:	To:	
Dates of Employment:		To:	
Dates of Employment: May We Contact Your Emp	loyer: Yes	To: No	
Dates of Employment: May We Contact Your Emp Previous Employer:	loyer: Yes	To:	
Dates of Employment: May We Contact Your Emp Previous Employer: City and State:	loyer: Yes	To:	
Dates of Employment: May We Contact Your Emp Previous Employer: City and State: Telephone Number:	loyer: Yes	To:	
Dates of Employment: May We Contact Your Emp Previous Employer: City and State: Telephone Number: Supervisor's Name and Title	loyer: Yes	To:	
Dates of Employment: May We Contact Your Emp Previous Employer: City and State: Telephone Number: Supervisor's Name and Title Position Title:	loyer: Yes	To:	
Dates of Employment: May We Contact Your Emp Previous Employer: City and State: Telephone Number: Supervisor's Name and Title Position Title: Reason for Leaving:	loyer: Yes	To:	
Dates of Employment: May We Contact Your Emp Previous Employer: City and State: Telephone Number: Supervisor's Name and Title Position Title: Reason for Leaving: Salary:	loyer: Yese:per Hour Week	To:	

Professional References

Name	Title	Company	Phone	Professional Relationship
All hiring and emplo	vment at Saja Con	nmunications Inc. is	s at will Lundersta	nd this application is not
an employment contra specific term and may	ct, nor can it be us be terminated by a Communications	sed to create one. Er the employee or Saia	nployment by Saia Communications w	Communications has no vith or without notice. Intations that differ from
	regard to furnishing	information to Saia (Communications. I a	n or government agency agree to release and hold information.
	tation has been ma	de by me verbally or	in writing, any offer	complete. I understand of employment made to may be terminated.
Applicant's Signature			Date	

Applicant Release

Please submit a resume with this Employment Application.

Saia Communications, Inc

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved form liability and responsibility for doing so. I hereby consent to obtaining the above information from Saia Communications and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.